

LOUISIANA BOARD OF ETHICS
DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)STATE OF LOUISIANA
PARISH OF IberiaI, James B. Falkner, Jr., residing at 109 Higgins, New Iberia, LA 70568
(Name) (Mailing Address, including City & Zip Code)

do declare that :

1.

That this disclosure statement is made pursuant to LSA-R.S. 42:1119B(2)(b) for the year beginning
on January 1st, 2006.
(Year)

2.

That I am a Chief Executive / Board Member / Commissioner (circle one) of the
Iberia Parish Hospital Service District / Public Trust Authority
(Name)and have served in this capacity since February 23, 1995.
(Month) (Day) (Year)

3.

That my immediate family member, defined by LSA-R.S. 42:1102(13) as his children, the spouses
of children, his brothers, his sisters, the spouses of his brothers, the spouses of his sisters, his parents,
his spouse, and the parents of his spouse, is employed by the described Hospital Service District /
Public Trust Authority. The facts of such employment are as follows:Name of Immediate Family Member: James B. Falkner, Sr., M.D.Relation of Immediate Family Member: FatherPosition: Medical Director, Jeanerette Rural Health ClinicDate employed (month, day, year): April 1, 1995

Applicable Exception (check all that apply):

☐ Employed by Hospital Service District / Public Trust Authority for more than
one year prior to filer becoming the chief executive or a board member or
commissioner of the Hospital Service District / Public Trust Authority.☐ Serving in public employment continuously since April 1, 1980, the effective
date of the Code of Governmental Ethics☒ Hospital Service District / Public Trust Authority has a district population of
100,000 or less and the family member is employed as a licensed physician
or registered nurse.

Signature, Chief Executive, Hospital Board Member or Commissioner**NOTE:** These disclosure statements are due by January 30th of each year that you have an immediate family
member employed by the hospital service district or hospital public trust authority. This Disclosure Statement must
be filed even if you filed one last year or at any other time during the year and the information you disclosed has
not changed.If a hospital service district or public trust authority board member or if a chief executive does not have any
immediate family members employed by the hospital, then he is not required to file a disclosure statement.**Failure to timely submit a required disclosure statement will result in the imposition of an automatic late fee
of \$50.00 per day, with a maximum penalty of \$1,500. IT IS THE RESPONSIBILITY OF EACH
HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY BOARD MEMBER
OR CHIEF EXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED TO SEE THAT
THESE STATEMENTS ARE TIMELY FILED.**